

NC DIVISION MH/DD/SAS RESIDENTIAL TREATMENT MEDICAID AUDIT STAFF RATIO REVIEW 2007 / 2008

Parent Company:			Audit Date:				
Provider Name:			Dates (2 weeks):				
Provider #:			Prog. Level / Srv. Type:				
Shift Notations: A = 1 st of 3 C = 3 rd of 3 E = 1 st & 3 rd of 3 G = 1 st , 2 nd , 3 rd of 3 I = 2 nd of 2 B = 2 nd of 3 D = 1 st & 2 nd of 3 F = 2 nd & 3 rd of 3 H = 1 st of 2 J = 1 st & 2 nd of 2							
RATING CODES: 0 = Not Met / No, 1 = Met / Yes, 9 = N/A							
For Column 2: Was staff ratio met during each day of the 2-week period designated above?							
DAY	1. DATE	2. RATING	WHEN #2 = "NOT Met", Complete the Following:				<i>(Office use only)</i>
			3. # CHILDREN in home	4. # STAFF	5. SHIFT (Use Notations)	6. # CHILDREN exceeding ratio	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
COMMENTS:							
AUDITOR:							